

Idaho State Board of Pharmacy

3380 Americana Terrace #320 PC 208/ 334-2356 Phone

PO Box 83720

Boise, ID 83720-0067 208/334-3536 Fax

PHARMACY TECHNICIAN WORK LOCATION CHANGE

If you are working at more than one location you MUST complete an Additional Work Location form for each location

Please type or print in ink. Illegible or incomplete applications will be returned.

PERSONAL	INFORMATION			
NAME	First	Middle	LAST	
DATE OF BIRTH:	:	SSI#:		
Address	Number	Street		
CITY, STATE, &	ZIP			
PHONE ()	REGISTRATION # AND EXPIRATION DAT	E	
EMPLOYMEN	T INFORMATIO	${f N}$ If employed at more than one location, list home store here and list other locations on reverse		
PHARMACY NAM	ME			
PHARMACY ADD	DRESS			
CITY, STATE, &	z ZIP			
PHONE NUMBER	R()	PHARMACY'S LICENSE NUMBER		
PHARMACIST- IN	N-CHARGE	CHARGELICENSE NUMBER		
technicians and ${\it I}$	NT OF TECHNIC will comply with them a ents are true and correct.	CIAN APPLICANT I have studied and I understand the Idaho rund the federal and state laws and the rules of the Idaho Board of Pharm	lles regarding pharmacy acy. I hereby certify that	
SIGNATURE OF TECHNICIA	AN APPLICANT	DATE		
STATEMENT	OF PHARMACI	ST-IN-CHARGE		
perform routine fi assigned to such i preparing, compo adequately so trai	unctions in connection w individual; or such indiv ounding, distribution or a	in-charge I verify that this applicant has been adequately trained by moith the preparing, compounding, distribution or dispensing of medication idual possesses adequate training to perform those routine functions in dispensing of medications as, or will be, assigned to such individual; or ment of any routine functions in connection with the preparing, compounts 51.07.c.)	ons as are, or will be, connection with the such individual will be	
SIGNATURE OF PHARMAC	ZIST-IN-CHARGE	DATE		